L	inder the Passers	ork Reductio	n Act of 1995			U.S. Pete	ri end Tra	Approved to	r use thro	ugh 7/31/2006.	CASENDE (DIFA) OMB CEST-COS OF COMMERCI	<u> </u>
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a walld OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-878											1	
		CLAIM	S AS FILE((Column 1)		Jotumn 2)	s	MALL E	чттү	OR		R THAN ENTITY	
	FQR		NUMBER FILE) NUM	NUMBER EXTRA		ATE	FEE]	RATE	FEE	1
6	SIC FEE OFR 1.15(A))							-	OR			242
TOTAL CLAMS (37 CFR 1.16(c))			minus	20 0 .		X s			OR.	× .		7 7
	SEPERBENT CLA CFR 1.16(b))	MS	ndage	3		X.			CR.	X.	1	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						1 7.			OR	+3	 	1
" if the difference in column 1 is less than zero, enter "O" in column 2.						10	TAL _		OR	TOTAL		1
		LAIMS AS	S AMENDE	D - PART II			_			•		
	7-25-05 (Column 1) (Column 2) (Column 3)				S	MALL EN	ITTY	OR		R THAN ENTITY		
MATM	1	CLAIM REMAIN AFTE AMENDM	ING R	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	~	TE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL	1.
AMENDMENT	Total cr cm unes	. 7	Mirus	30		x = \			or		ÆE	1
EN	independent GF CFR L1900	. 1	Maries	- 3	. /	×			OR	7		1
₹	FIRST PRESENT	TATION OF M	ATPLE CEPEN	DENTOLIN (370	FR 1.106(1)	1 + 1	-				·	1 ₩
1,				•		TOTAL			OR	TOTAL		1
	1/22/0	Rouma	1)	(Cotumn 2)	(Column 3)	~~.	ree L	•	- Cit	ADD'L FEE	7	· .
SNT B		CLABA REMAINI AFTER AMENDAS	S MG	HIGHEST MANAGER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TICHAL FEE	
ENDMENT	Total GT CFR L MGG	. –	Minus	35	•	X S			OR	X 8 •	ree	
Ē	tradependent (07 CFR L 1003)	. /	Minus	3	•	X &	-		OR	×8		1
¥	FURST PRESENT	ATION OF MU	LTIPLE DEPEN	ENTOLAN (STO	FR 1,18(d))	+1			OR	• • •		•
						TOTAL			OR	TOTAL ADD'L FEE		
જ	-14-06	Column	••	(Catumn 2)	6Cat 21	~~~	, EE		UK	ADD LIFE		
Ü		CLAIM	3	HOGHEST	(Column 3)							1
ENDMENT		AFTER AMENDME	TNC	MUMBER PREVIOUSLY PAID FOR	EXTRA	RAI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
5	GT CAS LANCO		Minus	30	• \	X 8		T	OR	X 5		
Á	(D7 CHR 1 19(1))		Minus	- 3	• \	×		\Box	OR	x \$e		
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (SF GFR 1.16(0))						+8	[\Box	OR	+ 8 •		
1						TOTAL			A9.	TOTAL ADDIT DEE		

ADD'L FEE OR ADD'L FEE

of the entry in column 1 is less than the entry in column 2, write "0" to column 3.

" if the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

" if the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For" (Intria independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 GFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Conditionally is governed by 35 U.S.C. 122 and 37 GFR 1.14. This collection is assimated to table 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Tens will very depending upon the individual case. Any comments on the errount of time you require to complete its form and/or suggestions to reducing the burden, should be sent to the Child Information Office, U.S. Department of Comments, P.O. Box 1450, Abscendria, VA 22313-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Petentia, P.O. Box 1450, Abscendria, VA 22313-4450.